



Synergy
Wellness Center

*MASSAGE
Patient Information*

Date _____
 Patient Name _____
 What do you prefer to be called? _____
 Address _____
 City _____ State _____ Zip Code _____
 Gender M F Birth date _____ Age _____
 Employer/School _____ Occupation _____
 Relationship Status: Married _____ Single _____ Divorced _____
 Domestic Partnership _____ Widowed _____ Other _____
 Primary Care Physician _____
 May we consult your doctor regarding your care in our office? Y N
 E-mail _____



Contacts

Home Phone (____) _____
 Cell Phone (____) _____
 Work Phone (____) _____
 Best number to reach you during business hours:
 ____Home ____Cell ____Work
 Who may we thank for referring you?

 ____Internet ____Yellow Pages ____Walk-in ____Newspaper
In Case of Emergency, contact:
 Name _____
 Relationship _____
 Phone number(s) _____



Patient Condition/History

Y N Have you ever had a professional massage? If yes, how often? _____
 Y N Are you pregnant? If yes, how far along are you? _____
 Y N Are you sensitive to touch/pressure in any area? (ticklish?) _____
 Y N Are you allergic or sensitive to essential oils, nut oils or scents? If yes, please list: _____
 What type of pressure do you prefer: light / firm / combo
 What (specifically) would you like to receive from this massage? _____
 List of current medications and reason:

 List of surgeries (type and date):

 Indicate Areas of Pain/Tension: _____
 On a scale from 1-10, 10=highest, rate your level of pain: _____
 How did your symptoms begin and when did they start?

 What have you done for relief? _____
 Is the condition getting better/worse? _____

Please check all that apply:

- Skin condition-foot fungus, herpes, rash, warts, hives, skin cancer, other _____
- Lymphatic condition-swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other _____
- Bone Condition-osteoporosis, fracture, other _____
- Recent injury or accident-whiplash, sprain, bruise, other _____
- Circulatory Condition-high blood pressure, varicose veins, blood clots
- Numbness/Tingling, Sciatica
- Tendonitis, Bursitis
- Diabetes
- Other conditions or issues not listed above _____

Please mark the diagram where you have pain or discomfort.

